



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

*This is to Certify that*

PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - HARRISBURG  
1514 NORTH SECOND STREET  
HARRISBURG

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility*

Type of Abortions: Medical Only

Registration Number: 3N8L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 11/14/2017

Effective From: 11/30/2017

*Nancy J. Laccavage*

Nancy J. Laccavage  
Deputy Secretary for Quality Assurance

Expiration Date: 11/30/2018

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD KEYSTONE - HARRISBURG**

1514 NORTH SECOND STREET

HARRISBURG, PA 17102

Facility ID: 3N8L8701 License #: 3N8L8701 Medicare No:

County	Dauphin	Type of Application	Renewal Application (Closed)
Phone Number	(717)234-2468	Type of Ownership	
Fax Number	(610)481-0486	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

(03 - PPKEY Letter.pdf)

Remove Attachment

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Current License Number 3N8L8701

Expiration Date of Current License 11/30/2017

## ABF Beds

Operating Rooms

Procedure Rooms

Treatment Rooms

Type of Surgery:

Medical Abortion Procedures

## ABF Fields

Anesthesia Type

N/A

Physical Status

CLASS 1

Administrator/CEO/Director

Name

708(b)(1)(ii)

Effective 6/25/2016

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone is registered with the Department of State as an independent not for profit (501c3) corporation. The organization is governed by a Board of Directors. Planned Parenthood Keystone is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Planned Parenthood Federation of America  
123 William Street, 10th Floor  
New York, NY 10038

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(PPKey Board List and Contact Info 2017-2018.pdf)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes

☐ No

Planned Parenthood Keystone is a fully accredited affiliate of PPFA, Inc.

Planned Parenthood Federation of America  
123 William Street, 1 Floor  
New York, NY 10038

The following centers are operated by Planned Parenthood Keystone:

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown  
20 North 9th Street  
Allentown, PA 18101  
DOH License number 00218701

Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading  
48 S. 4th Street

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility Registration Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)

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[Commonwealth of PA Privacy Statement](#)





# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

1221 POWELL STREET

NORRISTOWN

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility*

Type of Abortions: Medical Only

Registration Number: E8RT8701

Exceptions: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1 LETTER ON FILE IN FACILITY.

Issued On: 06/23/2017

Effective From: 06/30/2017

*Nancy J. Leccavage*

Nancy J. Leccavage  
Deputy Secretary for Quality Assurance

Expiration Date: 06/30/2018

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

1221 POWELL STREET  
NORRISTOWN, PA 19401

Facility ID: E8RT8701 License #: E8RT8701 Medicare No: 8-4613

County	Montgomery	Type of Application	Renewal Application (Closed)
Phone Number	(484)688-0097	Type of Ownership	
Fax Number	(610)279-7268	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Browse...

Current License Number E8RT8701

Expiration Date of Current License 6/30/2017

**ABF Beds**

Operating Rooms	<input type="text"/>	Procedure Rooms	<input type="text"/>	Treatment Rooms	<input type="text" value="1"/>
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Type of Surgery: Medical Abortion Procedures

**ABF Fields**

Anesthesia Type	<input type="text" value="N/A"/>	Physical Status	<input type="text" value="CLASS 1"/>
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**Administrator/CEO/Director**

Name  Effective 12/4/2013

\* Medical Director Name

\* Director of Nursing Name

708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

N/A - Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501(c)(3)] that operates health centers in Chester, Delaware, Montgomery, and Philadelphia counties. The organization is governed by PPSPs Board of Directors. PPSP is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Browse...

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(List of PPSP Board Members.2016-17.pdf)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health

- 1) PPSP West Chester Health Center ( 8 S. Wayne St, West Chester)
- 2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia)
- 3) PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia)
- 4) Planned Parenthood of Southeastern PA (1221 Powell St, Norristown) this application

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility Registration Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Browse...

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# Certificate of Licensure

REPROCHOICE, LLC D/B/A ALLEGHENY REPRODUCTIVE HEALTH CENTER  
5910 KIRKWOOD STREET  
PITTSBURGH

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00018701  
ISSUED ON: 03/05/2018  
EFFECTIVE FROM: 03/31/2018  
EXPIRES ON: 03/31/2019

The maximum number of procedure rooms shall not exceed 3 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

*Nancy J. Leavenworth*  
Nancy J. Leavenworth  
Deputy Secretary for Quality Assurance

*Rachel L. Levine*  
Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



*Pennsylvania Department of Health*  
**License Application Form**

**ALLEGHENY REPRODUCTIVE HEALTH CENTER**

5910 KIRKWOOD STREET  
PITTSBURGH, PA 15206

Facility ID: 00018701 License #: 00018701 Medicare No: 8-0202

County	Allegheny	Type of Application	Renewal Application (Closed)
Phone Number	(412)661-8811	Type of Ownership	
Fax Number	(412)363-6901	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Browse...  
Attach

Current License Number 00018701

Expiration Date of Current License 3/31/2018

**ABF Beds**

Operating Rooms  Procedure Rooms  3 Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type  MAC Physical Status  CLASS 2

**Administrator/CEO/Director**

Name  708(b)(1)(ii) Effective 12/31/9999

\* Medical Director Name

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

- ☐ Yes  
☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☒ Yes  07/13/2017  
(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes   
(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes   
(mm/dd/yyyy)



☐ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

ReproChoice, LLC  
5910 Kirkwood Street  
Pittsburgh, PA 15206

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii) and (6)

Browse...

Attach

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes

☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Attach

Browse...

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Attach

Browse...

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order





# Certificate of Licensure

ALLENTOWN WOMENS' CENTER, INC.  
31 SOUTH COMMERCE WAY, SUITE 100  
BETHLEHEM

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00038701  
ISSUED ON: 11/14/2017  
EFFECTIVE FROM: 11/30/2017  
EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 555.31 (a), 559.3 (b), 571.1, 571.1, 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

*Nancy J. Lescavage*  
Nancy J. Lescavage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine, MD*  
Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**ALLENTOWN WOMENS' CENTER, INC.**

31 SOUTH COMMERCE WAY, SUITE 100

BETHLEHEM, PA 18017

Facility ID: 00038701 License #: 00038701 Medicare No: 8-3903

County	Northampton	Type of Application	Renewal Application (Closed)
Phone Number	(484)821-0821	Type of Ownership	
Fax Number	(484)821-0826	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Browse...

Attach

Current License Number 00038701

Expiration Date of Current License 11/30/2017

**ABF Beds**

Operating Rooms	<input type="text"/>	Procedure Rooms	<input type="text" value="2"/>	Treatment Rooms	<input type="text"/>
-----------------	----------------------	-----------------	--------------------------------	-----------------	----------------------

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type	MAC	Physical Status	CLASS 2
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**Administrator/CEO/Director**

Name 708(b)(1)(ii) Effective 11/8/2017

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes  
(mm/dd/yyyy)

☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii) and (6)

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(BOD Member List for DOH 2017.docx)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes

☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Attach

Browse...

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Attach

Browse...

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order



# Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

**BERGER & BENJAMIN LLP**

**1335 TABOR ROAD SUITE 202**

**PHILADELPHIA**

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00078701

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE: Local

*Issued On:* 12/05/2017

*Effective From:* 12/31/2017

*Expiration Date:* 12/31/2018

*Nancy J. Lescavage*

*Nancy J. Lescavage  
Deputy Secretary for Quality Assurance*

*Rachel L. Levine*

*Rachel L. Levine, MD  
Secretary of Health*



NOTE: This registration must be posted in a conspicuous place on the premises.





Pennsylvania Department of Health  
**License Application Form**

**BERGER & BENJAMIN LLP**  
1335 TABOR ROAD SUITE 202  
PHILADELPHIA, PA 19141

Facility ID: 00078701 License #: 00078701 Medicare No: 9-5137

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(215)424-0222	Type of Ownership	
Fax Number	(215)424-8960	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information 10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(aaaasf.pdf)

Remove Attachment

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Current License Number 00078701

Expiration Date of Current License 12/31/2017

**ABF Beds**

Operating Rooms

Procedure Rooms

Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type

LOCAL

Physical Status

CLASS 2

**Administrator/CEO/Director**

Name

708(b)(1)(ii)

Effective 3/21/2011

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii) and (6)

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii) and (6)

Browse...

Attach

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes

☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Attach

Browse...

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Attach

Browse...

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order





# Certificate of Licensure

PHILADELPHIA WOMEN'S CENTER, INC.  
777 APPLETREE STREET, 7TH FLOOR  
PHILADELPHIA

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00178701  
ISSUED ON: 03/27/2018  
EFFECTIVE FROM: 03/31/2018  
EXPIRES ON: 03/31/2019

The maximum number of procedure rooms shall not exceed 3 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.24 (b), 555.31 (a), 559.3 (b), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures  
ANESTHESIA TYPES: Mac

*Nancy J. Leavange*

Nancy J. Leavange  
Deputy Secretary for Quality Assurance

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



*Pennsylvania Department of Health*  
**License Application Form**

**PHILADELPHIA WOMEN'S CENTER, INC.**

777 APPLETREE STREET, 7TH FLOOR

PHILADELPHIA, PA 19106

Facility ID: 00178701 License #: 00178701 Medicare No: 8-5143

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(215)574-3590	Type of Ownership	
Fax Number		Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Current License Number 00178701

Expiration Date of Current License 3/31/2018

**ABF Beds**

Operating Rooms  Procedure Rooms  Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type  Physical Status

**Administrator/CEO/Director**

Name  Effective 9/28/2016

\* Medical Director Name

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

- ☐ Yes  
☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes  (mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☒ Yes  (mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes  (mm/dd/yyyy)

☒ No☐ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Philadelphia Women's Center is a Pennsylvania C Corporation and a 100% owned subsidiary of Humedco Corp.

Name: Humedco Corp

Address: 601 Chapel Avenue East, Suite B  
Cherry Hill, NJ 08034

708(b)(1)(ii)

are the three individuals that own Humedco Corp.

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

President

Vice President/Treasurer

APN Secretary

Browse...

Attach

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes

☐ No

Humedco Corp is the parent corporation of Philadelphia Women's Center, Atlanta Women's Center, Cherry Hill Women's Center, Delaware County Women's Center, and Hartford GYN Center. 708(b)(1)(ii)  
own Humedco Corp.

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Name: Cherry Hill Women's Center  
Address: 502 Kings Highway North  
Cherry Hill, NJ 08034

Name: Delaware County Women's Center  
Address: 1 Medical Center Blvd  
CCMC Annex- 4th Floor

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Browse...

Attach

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order



# Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

**PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - ALLENTOWN**

**29 NORTH 9TH STREET**

**ALLENTOWN**

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00218701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 559.3 (b), 559.3 (b), 571.1, 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE: Local

*Issued On: 07/27/2017*

*Effective From: 07/31/2017*

*Expiration Date: 07/31/2018*

*Nancy J. Lesavage*

Nancy J. Lesavage  
Deputy Secretary for Quality Assurance



**pennsylvania**  
DEPARTMENT OF HEALTH

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health

NOTE: This registration must be posted in a conspicuous place on the premises.





Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD KEYSTONE - ALLENTOWN**

29 NORTH 9TH STREET  
 ALLENTOWN, PA 18101

Facility ID: 00218701 License #: 00218701 Medicare No: 8-3910

County	Lehigh	Type of Application	Renewal Application (Closed)
Phone Number	(844)602-1041	Type of Ownership	
Fax Number	(610)481-0486	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information 10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(Allentown Quad A 2017 Self Survey Certificate..pdf)

Remove Attachment

View Attachment

Current License Number 00218701

Expiration Date of Current License 7/31/2017

**ABF Beds**

Operating Rooms  Procedure Rooms  Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type  Physical Status

**Administrator/CEO/Director**

Name  Effective 6/25/2016

\* Medical Director Name

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone is registered with the Department of State as an independent not for profit (501c3) corporation. The organization is governed by a Board of Directors. Planned Parenthood Keystone is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Planned Parenthood Federation of America  
123 William Street, 10th Floor  
New York, NY 10038

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(PPKey Board List and Contact Info 2017-2018.pd.pdf)

Remove Attachment

View Attachment

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes

☐ No

Planned Parenthood Keystone is a fully accredited affiliate of PPFA, Inc.

Planned Parenthood Federation of America  
123 William Street, 1 Floor  
New York, NY 10038

The following centers are operated by Planned Parenthood Keystone:

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101 DOH License number 00218701	▲
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street	▼
<input type="text"/>	Browse...
Attach	

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)	≡
Remove Attachment	View Attachment

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☐ By credit/debit card  
☒ By check/money order





# Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

**PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - READING**

**48 SOUTH FOURTH STREET**

**READING**

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00228701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE: Local

*Issued On: 07/26/2017*

*Effective From: 07/31/2017*

*Expiration Date: 07/31/2018*

*Nancy J. Lescavage*

*Nancy J. Lescavage  
Deputy Secretary for Quality Assurance*



*Rachel L. Levine*

*Rachel L. Levine, MD  
Secretary of Health*

NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD KEYSTONE - READING**

48 SOUTH FOURTH STREET

READING, PA 19602

Facility ID: 00228701 License #: 00228701 Medicare No: 8-0607

County	Berks	Type of Application	Renewal Application (Closed)
Phone Number	(844)602-1045	Type of Ownership	
Fax Number	(610)481-0486	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

## Accreditation Information

10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(Reading Quad A 2017 Self-Survey Certificate.pdf)

Remove Attachment

View Attachment

Current License Number 00228701

Expiration Date of Current License 7/31/2017

## ABF Beds

Operating Rooms

Procedure Rooms

Treatment Rooms

Type of Surgery:

Medical Abortion Procedures, Surgical Abortion Procedures

## ABF Fields

Anesthesia Type

LOCAL

Physical Status

CLASS 1

Administrator/CEO/Director

Name

708(b)(1)(ii)

Effective 6/25/2016

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Ownership 5%

Planned Parenthood Keystone is registered with the Department of State as an independent not for profit (501c3) corporation. The organization is governed by a Board of Directors. Planned Parenthood Keystone is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Planned Parenthood Federation of America  
123 William Street, 10th Floor

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(PPKey Board List and Contact Info 2017-2018.pdf)

Remove Attachment

View Attachment

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes☒ No

Planned Parenthood Keystone is a fully accredited affiliate of PPFA, Inc.

Planned Parenthood Federation of America  
123 William Street, 1 Floor  
New York, NY 10038

The following centers are operated by Planned Parenthood Keystone:

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101 DOH License number 00218701	▲
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street	▼
<input type="text"/>	Browse...
Attach	

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)	≡
Remove Attachment	View Attachment

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☐ By credit/debit card  
☒ By check/money order



# Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

**PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - WARMINSTER**

**610 LOUIS DRIVE SUITE 303**

**WARMINSTER**

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00188701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE: Local

*Issued On: 07/27/2017*

*Effective From: 07/31/2017*

*Expiration Date: 07/31/2018*

*Nancy J. Leavoy*

*Nancy J. Leavoy  
Deputy Secretary for Quality Assurance*

*Rachel L. Levine*

*Rachel L. Levine, MD  
Secretary of Health*



**NOTE: This registration must be posted in a conspicuous place on the premises.**



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD KEYSTONE - WARMINSTER**

610 LOUIS DRIVE SUITE 303

WARMINSTER, PA 18974

Facility ID: 00188701 License #: 00188701 Medicare No: 8-0908

County	Bucks	Type of Application	Renewal Application (Closed)
Phone Number	(215)957-7980	Type of Ownership	
Fax Number	(610)481-0486	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner	708(b)(6)		

Accreditation Information

10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(Warminster Quad A Self-Survey Certificate.pdf)

Remove Attachment

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Current License Number 00188701

Expiration Date of Current License 7/31/2017

ABF Beds

Operating Rooms

Procedure Rooms

Treatment Rooms

Type of Surgery:

Medical Abortion Procedures, Surgical Abortion Procedures

ABF Fields

Anesthesia Type

LOCAL

Physical Status

CLASS 1

Administrator/CEO/Director

Name 708(b)(1)(ii)

Effective 6/25/2016

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No (mm/dd/yyyy) ☒ No (mm/dd/yyyy) ☒ No (mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone is registered with the Department of State as an independent not for profit (501c3) corporation. The organization is governed by a Board of Directors. Planned Parenthood Keystone is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Planned Parenthood Federation of America  
123 William Street, 10th Floor  
New York, NY 10038

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(PPKey Board List and Contact Info 2017-2018.pdf)

Remove Attachment

View Attachment

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes

☐ No

Planned Parenthood Keystone is a fully accredited affiliate of PPFA, Inc.

Planned Parenthood Federation of America  
123 William Street, 1 Floor  
New York, NY 10038

The following centers are operated by Planned Parenthood Keystone:

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown  
20 North 9th Street  
Allentown, PA 18101  
DOH License number 00218701

Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading  
48 S. 4th Street

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)

Remove Attachment

View Attachment

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

☐ By credit/debit card

☒ By check/money order

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[Commonwealth of PA Privacy Statement](#)





# Certificate of Registration

TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - YORK  
728 SOUTH BEAVER STREET  
YORK

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00198701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 559.2 (1), 559.3 (b), 559.3 (b), 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures  
ANESTHESIA TYPE: Local

*Issued On: 07/25/2017*

*Effective From: 07/31/2017*

*Expiration Date: 07/31/2018*

*Nancy J. Lescavage*  
Nancy J. Lescavage  
Deputy Secretary for Quality Assurance



*Rachel L. Levine, MD*  
Rachel L. Levine, MD  
Secretary of Health

NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD KEYSTONE - YORK**

728 SOUTH BEAVER STREET

YORK, PA 17401

Facility ID: 00198701 License #: 00198701 Medicare No: 8-6704

County	York	Type of Application	Renewal Application (Closed)
Phone Number	(844)584-5199	Type of Ownership	
Fax Number	(610)481-0486	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information 10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(YORK Quad A 2017 Self-Survey Certificate.pdf)

Remove Attachment

View Attachment

Current License Number 00198701

Expiration Date of Current License 7/31/2017

## ABF Beds

Operating Rooms		Procedure Rooms	2	Treatment Rooms	
-----------------	--	-----------------	---	-----------------	--

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

## ABF Fields

Anesthesia Type	LOCAL	Physical Status	CLASS 1
-----------------	-------	-----------------	---------

## Administrator/CEO/Director

Name 708(b)(1)(ii) Effective 6/25/2016

\* Medical Director Name

708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone is registered with the Department of State as an independent not for profit (501c3) corporation. The organization is governed by a Board of Directors. Planned Parenthood Keystone is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Planned Parenthood Federation of America  
123 William Street, 10th Floor  
New York, NY 10038

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(PPKey Board List and Contact Info 2017-2018.pdf)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes☐ No

Planned Parenthood Keystone is a fully accredited affiliate of PPFA, Inc.

Planned Parenthood Federation of America  
123 William Street, 1 Floor  
New York, NY 10038

The following centers are operated by Planned Parenthood Keystone:

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101 DOH License number 00218701	▲
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street	▼
<input type="text"/>	Browse...
Attach	

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)	+
Remove Attachment	View Attachment

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☐ By credit/debit card  
☒ By check/money order



# Certificate of Licensure

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.  
933 LIBERTY AVENUE  
PITTSBURGH

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00248701  
ISSUED ON: 11/15/2017  
EFFECTIVE FROM: 11/30/2017  
EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 3 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 557.4 (a)(1-4), 559.1 Nursing Department, 559.3 (b), 571.1, 571.1, 571.2 (d), 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures  
ANESTHESIA TYPES: Mac

*Nancy J. Lescavage*  
Nancy J. Lescavage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine, MD*  
Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.**

933 LIBERTY AVENUE

PITTSBURGH, PA 15222

Facility ID: 00248701 License #: 00248701 Medicare No:

County	Allegheny	Type of Application	Renewal Application (Closed)
Phone Number	(412)562-1900	Type of Ownership	
Fax Number	(412)434-8974	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

 Browse...  
Attach

Current License Number 00248701

Expiration Date of Current License 11/30/2017

## ABF Beds

Operating Rooms  Procedure Rooms  3 Treatment Rooms 

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

## ABF Fields

Anesthesia Type  MAC Physical Status  CLASS 2

## Administrator/CEO/Director

Name  708(b)(1)(ii) Effective 5/1/2006

\* Medical Director Name

 708(b)(1)(ii)

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes (mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes (mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes (mm/dd/yyyy)



☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood of Western Pennsylvania, Inc is a non-profit corporation governed by a Board of Directors. Planned Parenthood of Western Pennsylvania, Inc., located at 933 Liberty Avenue, Pittsburgh PA 15222, is a fully accredited affiliate of Planned Parenthood Federation of America located at 123 Williams Street, New York, NY 10038.

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Board List w addresses FY18.doc)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

Planned Parenthood of Western Pennsylvania, Inc is a non-profit corporation governed by a Board of Directors. Planned Parenthood of Western Pennsylvania, Inc., located at 933 Liberty Avenue, Pittsburgh PA 15222, is a fully accredited affiliate of Planned Parenthood Federation of America located at 123 Williams Street, New York, NY 10038.

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes

☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Attach

Browse...

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Physician list app.docx)

Remove Attachment

View Attachment

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

☒ By credit/debit card

☐ By check/money order

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[Commonwealth of PA Privacy Statement](#)



# Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP FAR NORTHEAST HEALTH CENTER  
2751 COMLY ROAD  
PHILADELPHIA

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 9HEG8701  
ISSUED ON: 11/16/2017  
EFFECTIVE FROM: 11/30/2017  
EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c) LETTER ON FILE IN FACILITY.  
SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures  
ANESTHESIA TYPES: Mac

*Nancy J. Lestavage*  
Nancy J. Lestavage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine, MD*  
Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PPSP FAR NORTHEAST HEALTH CENTER**

2751 COMLY ROAD  
 PHILADELPHIA, PA 19154

Facility ID: 9HEG8701 License #: 9HEG8701 Medicare No: 8-5144

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(267)687-6640	Type of Ownership	
Fax Number	(215)464-2246	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Current License Number 9HEG8701

Expiration Date of Current License 11/30/2017

**ABF Beds**

Operating Rooms  Procedure Rooms  Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type  Physical Status

**Administrator/CEO/Director**

Name  Effective 12/4/2013

\* Medical Director Name

\* Director of Nursing Name

708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

N/A - Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501(c)(3)] that operates health centers in Chester, Delaware, Montgomery, and Philadelphia counties. The organization is governed by PPSPs Board of Directors. PPSP is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Browse...

Attach

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(List of Board Members.2017-18.pdf)

Remove Attachment

View Attachment

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

N/A - PPSP is a fully accredited affiliate of Planned Parenthood Federation of America.

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health

- 1) PPSP West Chester Health Center ( 8 S. Wayne St, West Chester)
- 2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia) this application
- 3) PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia)
- 4) Planned Parenthood of Southeastern PA (1221 Powell St, Norristown)

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Browse...

Attach

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order





# Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP SURGICAL LOCUST STREET HEALTH CENTER  
1144 LOCUST STREET  
PHILADELPHIA

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00238701  
ISSUED ON: 11/16/2017  
EFFECTIVE FROM: 11/30/2017  
EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures  
ANESTHESIA TYPES: Mac

*Nancy J. Lesavage*  
Nancy J. Lesavage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine*  
Rachel L. Levine, MD  
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PPSP SURGICAL LOCUST STREET HEALTH CENTER**

1144 LOCUST STREET  
PHILADELPHIA, PA 19107

Facility ID: 00238701 License #: 00238701 Medicare No: 8-5130

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(215)351-5553	Type of Ownership	
Fax Number	(215)351-5575	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Browse...

Current License Number 00238701

Expiration Date of Current License 11/30/2017

**ABF Beds**

Operating Rooms  Procedure Rooms  Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type  Physical Status

**Administrator/CEO/Director**

Name  Effective 12/4/2013

\* Medical Director Name

\* Director of Nursing Name

708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

(mm/dd/yyyy)

☒ No☒ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

N/A - Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501(c)(3)] that operates health centers in Chester, Delaware, Montgomery, and Philadelphia counties. The organization is governed by PPSP's Board of Directors. PPSP is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

Browse...

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(List of Board Members.2017-18.pdf)

Remove Attachment

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

N/A - PPSP is a fully accredited affiliate of Planned Parenthood Federation of America.

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health

- 1) PPSP West Chester Health Center ( 8 S. Wayne St, West Chester)
- 2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia)
- 3) PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia) this application
- 4) Planned Parenthood of Southeastern PA (1221 Powell St, Norristown)

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Browse...

Attach

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order



# Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

*This is to Certify that*

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP WEST CHESTER HEALTH CENTER**  
**8 SOUTH WAYNE STREET**  
**WEST CHESTER**

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)*

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00208701

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 567.11 (5), 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE: Local

*Issued On:* 08/07/2017

*Effective From:* 08/31/2017

*Expiration Date:* 08/31/2018

*Nancy J. Leckowage*

Nancy J. Leckowage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**PPSP WEST CHESTER HEALTH CENTER**

8 SOUTH WAYNE STREET

WEST CHESTER, PA 19382

Facility ID: 00208701 License #: 00208701 Medicare No: 8-1507

County	Chester	Type of Application	Renewal Application (Approved)
Phone Number	(267)687-6649	Type of Ownership	
Fax Number	(610)241-0010	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information 10-AAAA

\* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter.

(Accreditation Letter 7.2017.pdf)

Remove Attachment

View Attachment

Current License Number 00208701

Expiration Date of Current License 8/31/2017

**ABF Beds**

Operating Rooms

Procedure Rooms

Treatment Rooms

Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures

**ABF Fields**

Anesthesia Type

LOCAL

Physical Status

CLASS 1

**Administrator/CEO/Director**

Name 708(b)(1)(ii)

Effective 12/4/2013

\* Medical Director Name

\* Director of Nursing Name

708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes



☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

N/A - Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501(c)(3)] that operates health centers in Chester, Delaware, Montgomery, and Philadelphia counties. The organization is governed by PPSPs Board of Directors. PPSP is a fully accredited affiliate of Planned Parenthood Federation of America, Inc.

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(List of Board Members.2017-18.pdf)

Remove Attachment

View Attachment

\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes☐ No

PPSP is a fully accredited affiliate of Planned Parenthood Federation of America (PPFA).

Planned Parenthood Federation of America  
123 William Street, 10th Floor  
New York, NY 10038

Browse...

Attach

\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health:

- 1) PPSP West Chester Health Center ( 8 S. Wayne St, West Chester) this application
- 2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia)
- 3) PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia)
- 4) Planned Parenthood of Southeastern PA (1221 Powell St, Norristown)

Browse...

Attach

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

Browse...

Attach

**Payment:**

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

\*Please, select payment method:

- ☒ By credit/debit card  
☐ By check/money order



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

*This is to Certify that*

DELAWARE COUNTY WOMEN'S CENTER, INC.

1 MEDICAL CENTER BLVD.

CHESTER

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility*

Type of Abortions: Medical Only

Registration Number: FW3L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 02/14/2018

Effective From: 02/28/2018

*Nancy J. Lecavage*

Nancy J. Lecavage  
Deputy Secretary for Quality Assurance

Expiration Date: 02/28/2019

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



*Pennsylvania Department of Health*  
**License Application Form**

**DELAWARE COUNTY WOMEN'S CENTER, INC.**

1 MEDICAL CENTER BLVD.  
 CCMC Annex 4th Floor,  
 CHESTER, PA 19013

Facility ID: FW3L8701 License #: FW3L8701 Medicare No:

County	Delaware	Type of Application	Renewal Application (Closed)
Phone Number	(610)874-4361	Type of Ownership	
Fax Number	(610)874-4363	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

Current License Number FW3L8701

Expiration Date of Current License 2/28/2018

**ABF Beds**

Operating Rooms	<input type="text" value="0"/>	Procedure Rooms	<input type="text" value="0"/>	Treatment Rooms	<input type="text" value="2"/>
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Type of Surgery: Medical Abortion Procedures

**ABF Fields**

Anesthesia Type	<input type="text" value="N/A"/>	Physical Status	<input type="text" value="CLASS 1"/>
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**Administrator/CEO/Director**

Name  Effective 9/11/2015

\* Medical Director Name

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

Has there been a change in ownership or control within the last year? If yes, when?

Do you anticipate any change of ownership or control within the year? If yes, when?

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes☒ No

(mm/dd/yyyy)

☐ Yes☒ No

(mm/dd/yyyy)

☐ Yes☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Humedco Corp, 601 Chapel Avenue East, Cherry Hill, NJ 08034

Browse...

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

N/A

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☒ Yes☐ No

(Renewal Document 1 - PARENT CORPORATION.pdf)

Remove Attachment

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\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Renewal Document 2 - SUBSIDIARY LISTING.pdf)

[Remove Attachment](#)[View Attachment](#)

\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☐ Yes ☒ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility Registration Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

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# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

*This is to Certify that*

DREXEL UNIVERSITY D/B/A DREXEL OB/GYN ASSOCIATES AT FEINSTEIN

216 N. BROAD STREET

PHILA

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility*

Type of Abortions: Medical Only

Registration Number: 89LC8701

Issued On: 07/24/2017

Effective From: 07/31/2017

Expiration Date: 07/31/2018

*Nancy J. Lescaravage*

Nancy J. Lescaravage  
Deputy Secretary for Quality Assurance

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**DREXEL OB/GYN ASSOCIATES AT FEINSTEIN**

216 N. BROAD STREET

4th floor,

PHILA, PA 19102

Facility ID: 89LC8701 License #: 89LC8701 Medicare No:

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(215)850-8181	Type of Ownership	
Fax Number	(215)762-4323	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

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Current License Number 89LC8701

Expiration Date of Current License 7/31/2017

**ABF Beds**

Operating Rooms	<input type="text" value="0"/>	Procedure Rooms	<input type="text" value="0"/>	Treatment Rooms	<input type="text" value="1"/>
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Type of Surgery: Medical Abortion Procedures

**ABF Fields**

Anesthesia Type	N/A	Physical Status	CLASS 1
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**Administrator/CEO/Director**

Name 708(b)(1)(ii) Effective 6/1/2011

\* Medical Director Name 708(b)(1)(ii)

\* Director of Nursing Name 708(b)(1)(ii)

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☐ Yes☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☐ Yes

Do you anticipate any change of ownership or control within the year? If yes, when?

☐ Yes

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

☒ No

(mm/dd/yyyy)

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Drexel University Board of Trustees .docx)

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Drexel University Board of Trustees .docx)

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

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\* Does owner(s) or corporate members have financial interest in other health care facilities?

☒ Yes

☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Drexel Centers for Digestive Health  
219 North Broad Street  
5th Floor  
Philadelphia, PA 19107

Browse...

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\* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.

Has the facility received such funds?

☒ Yes ☐ No

If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☐ Yes ☒ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility Registration Form?

☐ Yes ☒ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

708(b)(1)(ii)

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[Commonwealth of PA Privacy Statement](#)



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

*This is to Certify that*

MAZZONI CENTER DB/A MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE

1348 BAINBRIDGE STREET

PHILADELPHIA

*Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania ,  
28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility*

Type of Abortions: Medical Only

Registration Number: N4HF8701

Issued On: 07/27/2017

Effective From: 07/31/2017

*Nancy J. Lescavage*

Nancy J. Lescavage  
Deputy Secretary for Quality Assurance

Expiration Date: 07/31/2018

*Rachel L. Levine*

Rachel L. Levine, MD  
Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health  
**License Application Form**

**MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE**

1348 BAINBRIDGE STREET  
 PHILADELPHIA, PA 19147

Facility ID: N4HF8701 License #: N4HF8701 Medicare No:

County	Philadelphia	Type of Application	Renewal Application (Closed)
Phone Number	(215)563-0658	Type of Ownership	
Fax Number	(215)563-0664	Type of Operation	
Email Address	708(b)(6)		
Name of Immediate Owner			

Accreditation Information Unknown

Please attach a copy of the Accrediting Organization's accreditation letter.

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Current License Number N4HF8701

Expiration Date of Current License 7/31/2017

**ABF Beds**

Operating Rooms  Procedure Rooms  Treatment Rooms

Type of Surgery: Medical Abortion Procedures

**ABF Fields**

Anesthesia Type  Physical Status

**Administrator/CEO/Director**

Name  Effective 6/23/2017

\* Medical Director Name

\* Director of Nursing Name

\* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

- ☐ Yes  
☒ No

Has there been a change in ownership or control within the last year? If yes, when?

☒ Yes   
 (mm/dd/yyyy)

Do you anticipate any change of ownership or control within the year? If yes, when?

☒ Yes   
 (mm/dd/yyyy)

Do you anticipate filing for bankruptcy within the year? If yes, when?

☐ Yes   
 (mm/dd/yyyy)



☐ No☐ No☒ No

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Mazzoni Center Family and Community Medicine is a non-profit organization, which enables the board members 100% control of the agency.

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If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(Board of Directors - January 2016.docx)

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\* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

☐ Yes

☒ No

\* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes

☒ No

\* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes

☒ No

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\* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes

☒ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

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If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?

☒ Yes ☐ No

\* Is this form being filed to revise information provided in a previously submitted Abortion Facility Registration Form?

☒ Yes ☐ No

\* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

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